FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB

FCC 395		COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]										3060-0076 Est, time per response: 1 hour				
				[1	Please read ins	structions befor	e completing	and for Notice	regarding pul	blic burden.]						
SECTION 1 - General Information																
1 Name and Mailing Address of Respondent : Asotin Telephone Company 525 Junction Rd Madison, WI 53717													Check here if this is a change of address			
FRN: 0001582485 2. Year Report Filed 3. Reporting Period (Ending Date of Pay Period Covered by Report) 4 Number of Full-Time Employees during Selected Re																
2. Year Report Filed					g Date of Pa	ay Period Co	vered by F	Report)	4 Numb	er of Full-T	ime Employ	ees during	Selected R	eporting Per	riod (check	one)
2017			anuary 2017						a. x F b. 1	ewer than 6 or more (16 (complet complete a	e Sections Il sections)	1, IV, and \	/ only)		
SECTION II - Full Time	Emplo	oyees.														
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
			anic or						Not-Hispan	nic or Latino)					
		La	itino	Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0
Executive/Senior Level Office and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															_

SECTION III - Part Time Employees.																	
Job Categories		Number of Employees (Report employees in only one category)															
		Race/Ethnicity															
		Hispanic or Latino		Not-Hispanic or Latino													
				Male Fe										emale			
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N		
	A	В	С	D	E	F	G	Н	1	J	К	L	M	N	0		
Executive/Senior Level Officials and Managers	.1														0		
First/Mid-Level Officials and Managers	.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTA	L11														0		
SECTION IV - Repo	t of Discrim	ination Com	plaints Pu	rsuant to 47	CFR 22.32	1, 23.55, 90	0.168, 101.4	, and 101,	311					***			
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition SECTION V - Certification																	
I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct Date Typed or Printed Name of Person Signing Signature Signature																	
5/15/17	Typed or Printed Name of Person Signing Signature Telephone No																
Title of Person Signing Executive Vice President WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U S C 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U S C 312 (A)(1) AND/OR FORFEITURE (47 U S C 503)																	